<.5 SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. AS FILED IND. DEP. DEP. DEP. DEP. IND.

TOTAL

TOTAL DEP. TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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